

FORM NO. 2
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of Abbeville

City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41355

Registration District No. 1-A Registered No. 121

(For use of Local Registrar)

St. 1st Ward

(2) Full Name of Child, John Paschal Klugh

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 10 1915

FATHER.

(8) FULL NAME Thomas Anderson Klugh

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Abbeville

(13) OCCUPATION Engineer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Scott

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Abbeville Ga

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Abbeville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Garrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1915 (28) J. G. Perin Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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